



Patent
Attorney's Docket No. 1034284-000003

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| | | |
|---------------------------------------|---|--------------------------|
| In re Patent Application of |) | MAIL STOP RCE |
| Ignacio Blanco Blanco |) | |
| Application No.: 10/549,759 |) | Group Art Unit: 1652 |
| Filing Date: September 19, 2005 |) | Examiner: ROSANNE KOSSON |
| Title: USE OF ALPHA-1 ANTITRYPSIN FOR |) | Confirmation No.: 6945 |
| THE PREPARATION OF |) | |
| MEDICAMENTS FOR THE |) | |
| TREATMENT OF FIBROMYALGIA |) | |

**REQUEST FOR CONTINUED EXAMINATION (RCE)
TRANSMITTAL LETTER**

MAIL STOP RCE

Customer Number **21839**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicant(s) requests continued examination under 37 C.F.R. § 1.114 of the above-identified application and encloses the ☐ \$395 ☒ \$790 fee due under 37 C.F.R. § 1.17(e).

1. ☐ A. Applicant(s) requests that any previously unentered after final amendments not be entered. Continued examination is requested based on the enclosed documents identified in item 2 below.
- ☐ B. Applicant(s) previously submitted the following documents for which continued examination is requested:
 - ☐ Consider the amendment(s)/reply under 37 C.F.R. § 1.116 previously filed on _____.
 - ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____.
2. The following documents are enclosed with this submission:
 - ☒ Amendment/Reply
 - ☒ Affidavit(s)/Declaration(s) (**unsigned**)
 - ☐ Information Disclosure Statement
 - ☒ Petition for Extension of Time
3. ☐ Small entity status is hereby claimed.

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- ☒ No additional claim fee is required.
- ☒ The fee is calculated below on the basis of the highest number of claims already paid for in this application prior to this submission:

| | | | | | FEES |
|--|---------------|----|--------------|--------------|---------------|
| Examination Fee (1801) | | | | | \$ 790 |
| | No. of Claims | | Extra Claims | Rate | |
| Total Claims | 11 | 20 | 0 | x 50 (1202) | \$ 0 |
| Independent Claims | 4 | 5 | 0 | x 200 (1201) | \$ 0 |
| If multiple dependent claims are presented, add \$ 360 | | | | | \$ 0 |
| Total Fee | | | | | \$ 790 |
| <input type="checkbox"/> Small Entity Status claimed - subtract 50% of Total Application Fee | | | | | \$ 0 |
| TOTAL FEE DUE | | | | | \$ 790 |

4. ☐ Charge _____ to Deposit Account No. **02-4800** for the fee due.
5. ☐ A check in the amount of _____ is enclosed for the fee due.
6. ☒ Charge **\$ 790** to credit card for the fee due. Form PTO-2038 is attached.
7. ☐ Applicant(s) requests suspension of action by the Office until at least _____, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.
8. ☒ The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17 and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BUCHANAN INGERSOLL & ROONEY PC

Date: June 15, 2007

By:


 Brian P. O'Shaughnessy
 Registration No. 32747

P.O. Box 1404
 Alexandria, VA 22313-1404
 703 836 6620